

# KNOX MEDVAULT® REGISTRATION FORM



## Knox Rapid Access System

Emergency Medical Narcotic access can be controlled and its access audited with the Knox MedVault® narcotic drug locker. With this locker, controlled substances are secured until authorized personnel access them with their unique PIN code. An audit trail showing the time, date and PIN code is recorded each time the vault is opened.

The Knox Company has been manufacturing secure emergency access equipment since 1975. From key vaults to comprehensive key control systems, Knox provides more than 14,000 fire departments, law enforcement agencies and EMS departments with proven, dependable products and services.

### Terms and Conditions of Use

In order for the Knox Company to maintain the integrity of the Knox System, Knox requires that all persons who will use Knox Master Keys be bound by the following "Terms and Conditions of Use." Therefore, each person signing the reverse side of this sheet agrees that:

- a. All Knox Master Keys delivered to the Department shall remain the sole and exclusive property of the Knox Company, and may only be used in accordance with these Terms and Conditions of Use.
- b. The Knox Master Key is a security device and access to the Knox Master Key must be controlled within the Department. The persons signing on the reverse side who are authorized signatories for the Knox Rapid Access System are authorized to request that Knox provide Master Keys to the Department. Such persons should make every reasonable effort to protect against improper use or loss of Knox Master Keys.
- c. Department personnel should not release the Knox Master Key to any unauthorized person or Department. Signatories shall notify users of these Terms and Conditions of Use.
- d. It is recommended that all Knox Master Keys be kept in a secure place and maintained in good condition.
- e. If a Department wishes to discontinue the Knox Rapid Access System, all Knox Master Keys shall be returned to the Knox Company
- f. Notification must be given by the Department of loss, theft, damage or destruction to any Knox Master Key in a timely manner, in order that records may be kept accurately for the total number of Knox Master Keys distributed to the Department and to allow Knox an opportunity to take whatever steps it deems necessary to protect the Knox Rapid Access System.
- g. Knox Master Keys may not be duplicated or altered in any way. The Key Codes associated with Knox Master Keys and KeyWays remain the exclusive property of the Knox Company.
- h. Knox Master Keys are provided solely for use with the Knox Rapid Access System. No other use of the keys or their associated codes is authorized or permitted.
- i. Knox Master Keys and their associated codes may be used only with product manufactured by the Knox Company. Use with any other products is prohibited.
- j. Tampering with or altering key codes in Knox Products without expressed authorization from the Knox Company is prohibited.
- k. These Terms and Conditions of Use are defined to help ensure the dependability of the Knox Rapid Access System over its lengthy expected life. Failure to comply with these Terms and Conditions of Use may result in a system more vulnerable to misuse, both intentional and unintentional. Therefore, the Knox Company reserves its rights to cancel the respective Knox Rapid Access System registration and support, which include the efforts required to maintain and control the registered key code/section for the Department.



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## Starting Your Knox MedVault Program

Completion of this form provides the Knox Company with information necessary to begin your rapid access program. We assign a system identification number and a restricted lock code to your department.

Authorization forms preprinted with your department name and system ID, as well as brochures explaining the Knox System, are provided at no charge to help implement your rapid access program.

### Change Notice

Changes in authorized signatures must be submitted to the Knox Company on a Knox change request form or on official department letterhead and signed with an authorized signature.

### Statement of Authority

By signing this statement, you represent that the persons listed on this form are authorized to order products (i.e. Master Keys, Key Vaults, etc.) from the Knox Company and that the Knox Company may accept the authorized signatures on this form and rely on them when supplying products ordered by your department.

Please type or print the following information:

1. Department Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

2. Department Head - The officer who is in charge of your department.

Name \_\_\_\_\_ Title \_\_\_\_\_

3. Knox Program Coordinator

The Knox program coordinator for your department's rapid access system. All materials will be sent to this person at the address above.

Name \_\_\_\_\_ Title \_\_\_\_\_

5. System Requirements

Please order the exact number of keys required. Extra Keys are easily lost or misplaced. With an authorized signature, additional keys can be ordered at no charge, any time.

Population served \_\_\_\_\_

Number of keys to facilities you currently carry \_\_\_\_\_

Number of MedVault keys required \_\_\_\_\_

6. Authorized Signatures

Authorized signatures are required to:

- Order additional Knox Master MedVault Keys
- Delete/add names and authorized signatures

7. By signing below, you agree to the following:

1. Keep all keys in a secure place.
2. Do not release the Knox provided keys to any non fire department or law enforcement personnel.
3. Do not provide Knox installation database access to any non fire department or law enforcement personnel, unless required by law.
4. Notify Knox immediately of loss, theft or attempted duplication of any key.
5. Comply with the Terms and Conditions of Use detailed on the reverse side of this form.

Please record authorized signatures below and stay within the space provided

Print Name and Title	Authorized Signature	Date

